| PATENT APPLICATION FEE DETERMINATION RECO  |  |   |                |                                       |             |                                       |       | Application or Docket Number |                        |         |                |                        |  |
|--|--|---|----------------|---------------------------------------|-------------|---------------------------------------|-------|------------------------------|------------------------|---------|----------------|------------------------|--|
|  | PATENT   | APPLICATION Effect                        | ORD            | 11009-0029                            |             |                                       |       |                              |                        |         |                |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                |                                       |             |                                       |       | SMALL<br>TYPE                | ENTITY                 | OR      |                | R THAN<br>ENTITY       |  |
| TO   | OTAL CLAIMS                                    | 3   |                | 5                                     |             |                                       | ŀ [   | RATE                         | FEE                    | 7       | RATE           | FEE                    |  |
| FC   | )R   |   | NUMBER         | NUMBER FILED .                        |             | UMBER EXTRA                           |       | BASIC FE                     | € 385.00               | OR      | BAŞIÇ FEE      | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 5 mi           | 5 minus 20= 1                         |             | . 0                                   |       | X\$ 9=                       |                        | OR      | X\$18=         |                        |  |
| INDEPENDENT CLAIMS   |  |   |                |                                       | د ,         |                                       |       | X43=                         |                        | OR      | X86=           |                        |  |
| ΜL   | ILTIPLE DEPE                                   | NDENT CLAIM P                             | RESENT         |                                       |             |                                       |       | +145=                        |                        | OR      |                |                        |  |
| * if   | the difference                                 | e in column 1 is                          | less than z    | less than zero, enter "0" in column 2 |             |                                       |       | TOTAL                        | 1386                   | OR      | L              | -                      |  |
| CLAIMS AS AMENDED - PART II  |  |   |                |                                       |             |                                       |       |                              |                        |         | OTHER          | THAN                   |  |
|  |  | (Column 1)                                |                | (Column 2) (Column                    |             |                                       |       | SMALL                        | ENTITY                 | OR      | SMALL          |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHE<br>NUME<br>PREVIO<br>PAID F     | BER         | PRESENT<br>EXTRA                      |       | RATE                         | ADDI-<br>TIONAL<br>FEE |         | RATE           | ADDI-<br>TIONAL<br>FEE |  |
| NOM  | Total  | . 1/2                                     | Minus '        | - 2                                   | 0           | =                                     |       | X\$ 9=                       |                        | OR      | ·X\$18=        |                        |  |
| AME  | Independent                                    | · J                                       | Minus          | ***                                   | <u>3</u>    | =                                     |       | X43=                         |                        | OR      | X86=           |                        |  |
| بــا   | FIRST PRESENTATION OF MULTIPLE                 |   |                | EPENDENT CLAIM                        |             |                                       |       | +145=                        |                        | OR      | +290=          |                        |  |
|  |  | L   | TOTAL          |                                       |             | TOTAL<br>ADDIT, FEE                   |       |                              |                        |         |                |                        |  |
|  | (Column 1) (Column 2) (Column 3)               |   |                |                                       |             |                                       |       |                              |                        |         | ADDII. FEET    |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHE<br>NUMB<br>PREVIOU<br>PAID F    | ER<br>USLY  | PRESENT<br>EXTRA                      |       | RATE                         | ADDI-<br>TIONAL<br>FEE |         | RATE           | ADDI-<br>TIONAL<br>FEE |  |
| N N  | Total <sup>-</sup>                             | *   | Minus          | ** .                                  |             | =                                     |       | X\$ 9=                       |                        | OR      | X\$18=         |                        |  |
| WE I   | Independent                                    | *   | Minus          |                                       |             |                                       |       | X43=                         |                        | OR      | X86=           |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |                                       |             |                                       |       | +145=                        |                        | l       | +290=          |                        |  |
|  |  |   |                |                                       |             |                                       |       | TOTAL                        |                        | OR      | TOTAL          |                        |  |
|  |  | (Oalema 4)                                |                | 40.4                                  | -           | · · · · · · · · · · · · · · · · · · · | AE    | DIT. FEE                     | L                      | OR ,    | ADDIT. FEE     |                        |  |
|  | `  | (Column 1)<br>CLAIMS                      |                | (Columi<br>HIGHE                      | ST          | (Column 3)                            | _     |                              | 1001                   |         |                |                        |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |                | PREVIOU<br>PAID FO                    | JSLY        | PRESENT<br>EXTRA                      |       | RATE                         | ADDI-<br>TIONAL<br>FEE |         | RATE           | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus          | **                                    |             | = .                                   |       | X\$ 9=                       |                        | OR      | X\$18=         |                        |  |
| ¥ L  | Independent                                    |   | Minus          | ***                                   |             | =                                     |       | X43=                         |                        | OR      | X86=           |                        |  |
|  | FIRST PRESE                                    | NTATION OF MU                             | ILTIPLE DEP    | ENDENT (                              | CLAIM       |                                       | -     |                              |                        |         |                |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                  |  |   |                |                                       |             |                                       |       |                              |                        | OR      | +290=<br>TOTAL |                        |  |
| ****If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |   |                |                                       |             |                                       |       |                              |                        |         | DOIT. FEE L    | _                      |  |
| Π  | ne "Highest Numi                               | ber Previously Paid                       | For" (Total or | Independent                           | l) is the l | highest number                        | found | in the app                   | oropriate box          | in colu | mn 1.          | •                      |  |